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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Johan Deleu et al
Title	A Router or Bridge Device Comprising
Art Unit	An Installation Application
Examiner Name	
Attorney Docket Number	PF020154

I hereby revoke all previous powers of attorney given in the above-identified application.

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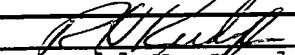
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<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.				
Address	Patent Operations, P.O. Box 5312				
City	Princeton	State	NJ	Zip	08543-5312
Country	USA				
Telephone	609-734-6818	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	4-25-05
Name	Ronald H. Kurdyla, Reg. No. 26,932	Telephone	609-734-6818
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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Senior Vice President
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DATED this 15 day of March, in the year 2004.



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Attorney In Fact for
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David Fournault

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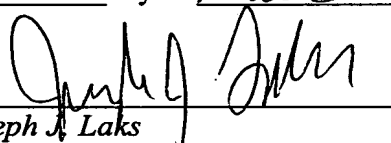
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